

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 21 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F97000000395 (0)

1. Corporation Name

PHC PHYSICIAN NETWORKS, INC.

Principal Place of Business

990 HAMMOND DR #300  
ATLANTA GA 30328

Mailing Address

990 HAMMOND DR #300  
ATLANTA GA 30328

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/24/1997

4. FEI Number

58-2101926

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~CORPORATION SERVICE COMPANY~~  
~~1201 HAYS STREET~~  
~~TALLAHASSEE FL 32301-2525~~

81 Name

Shamus Holt

82 Street Address (P.O. Box Number is Not Acceptable)

3885 OAKWATER CIRCLE

83

84 City

Orlando

FL

85 Zip Code

32806

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.05, Florida Statutes.

SIGNATURE

Signature: typed or printed name, then a checkmark or initials, if applicable

(NOTE: Registered Agent Signature required when re-registering)

DATE

5-14-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME GARVIN, SARAH C  
STREET ADDRESS 990 HAMMOND DR #300  
CITY-ST-ZIP ATLANTA GA 30328 ☐ DELETE

1.1 TITLE D.V.  
1.2 NAME Sarah C. Garvin  
1.3 STREET ADDRESS 990 Hammond Drive, Suite 300  
1.4 CITY-ST-ZIP Atlanta, GA 30328 ☒ Change ☐ Addition

TITLE ST  
NAME SCOTT, H THOMAS  
STREET ADDRESS 990 HAMMOND DR #300  
CITY-ST-ZIP ATLANTA GA 30328 ☒ DELETE

2.1 TITLE T  
2.2 NAME Richard Sanchez  
2.3 STREET ADDRESS 990 Hammond Drive, Suite 300  
2.4 CITY-ST-ZIP Atlanta, GA 30328 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

3.1 TITLE TV  
3.2 NAME Thomas Rodgers  
3.3 STREET ADDRESS 990 Hammond Drive, Suite 300  
3.4 CITY-ST-ZIP Atlanta, GA 30328 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

4.1 TITLE S  
4.2 NAME Daniel Epstein  
4.3 STREET ADDRESS 990 Hammond Drive, Suite 300  
4.4 CITY-ST-ZIP Atlanta, GA 30328 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

*[Signature]*

5-13-98 11:13 AM

CR2E034 (10/97)